EAPAA Response to the Productivity Commission Draft Report on Mental Health (2019)

On behalf of EAP providers throughout Australia, EAPAA (The Employee Assistance Professional Association of Australasia) wishes to provide comments on the Draft Report produced by the Productivity Commission.

Introduction

Thank you for the opportunity to respond to the draft report by the Productivity Commission. It is comprehensive in scope and we are in large measure in agreement with the directions and recommendations of the report.

Employee Assistance Programs (EAPs) collectively provide mental health support to millions of Australians and their families who are employed by organisations of medium and large size or by public sector organisations. This support is funded by employers and is free to end users with allowance of generally 3 – 6 sessions per issue per year. The service is almost always confidential and not reported back to employers except in aggregated anonymous form.

Many EAPs offer 24-hour phone support and EAPs provide an alternative to crisis lines for people who are suicidal or have an immediate need for support. With some crisis services sufficiently understaffed that they are currently picking up only around 30 – 50 % of calls, the availability of EAPs as another method of getting support relieves already stretched resources in other parts of the sector.

However, EAPs' main contribution lies in providing non-acute mental health support. EAPs target people who have mild to moderate symptoms of mental illness or may be experiencing temporary distress but are at a sub-clinical level of mental ill-health (i.e. they are generally well enough to be employed) and provide an opportunity for them to receive early intervention help when needed at no cost to themselves.

One of the main challenges faced by the sector is awareness. Although we estimate that the majority of Australians are covered by an EAP (either their employer, or the employer of a close family member, is likely to provide EAP services that cover them), only a small number are aware that they are covered, are aware that the service is confidential or know how to access the service. EAP providers have difficulty promoting their services directly since they typically do not have contact details for the people they cover but rather rely on HR departments within organisations to advertise their services.

We note that the draft report makes mention of EAPs only briefly in Draft Finding 19.3 (and we also note that these are described incorrectly as ***Employer*** Assistance Programs rather than ***Employee*** Assistance Programs). We will address this Draft Finding more fully below, but we note that the relatively low attention paid by the Commission to this form of mental health support is symptomatic of the low awareness of this part of the sector generally. This is a shame as EAPs are a

very effective way to provide early intervention support focused on solutions, with the cost borne by the organisations who stand to directly benefit from the productivity gains once employees are functioning at a higher level.

We believe that a recommendation worthy of consideration by the Commission is for Australian governments to address mental health issues and raise productivity by putting money into promotion of EAP as a concept and raising awareness of this option for workers generally. We believe that this would be one of the most cost-effective uses of government money.

With many years of experience from our work supporting people with mild to moderate symptoms of mental illness, we believe that we have a perspective to offer on the recommendations made in the draft report. While we have commented on a few areas, our focus is mostly on section 19 as this is primarily addressing mental health in the workplace.

Response to Requests and Recommendations

Draft Information Request 6.1 (page 56) Supported online treatment for culturally and linguistically diverse people

Our experience with providing online and telephone-based support for culturally and linguistically diverse (CALD) people as well as face to face support suggests the following:

1. Telephone support is an excellent way to provide services to CALD people as this allows for a practitioner who speaks a language other than English and/or who has the relevant cultural background and skills to be used without needing to be find such a person within the local area. This is particularly helpful outside of capital cities. Effectively this allows CALD people to be catered to for the same cost as anyone else and for their support to be culturally and linguistically appropriate.
2. Online text-based support may not be as cost effective as telephone support. Translating materials into a multitude of other languages and carefully ensuring their cultural appropriateness has a high upfront cost. Unless there is a sufficiently large group of people with the same needs this may not be cost-effective.

Draft Information Request 5.1 (page 58) Low-intensity therapy coaches as an alternative to psychological therapists

Employee Assistance Providers use a range of practitioners including registered psychologists, clinical psychologists, mental health social workers, mental health nurses, other allied health professionals (for some specific types of interventions) and counsellors. Our experience with these consultants suggests:

1. The effectiveness of each type of practitioner is equally high for people with mild to moderate symptoms of mental ill health. Data collected by an Australian nation-wide EAP provider shows no statistically significant difference in satisfaction with the treatment received, nor in the efficacy of that treatment between practitioners with social worker, psychology and counselling qualifications.

   We should note that the presenting problems in EAP are typically sub-clinical or relatively straightforward examples of mental health issues with mild to moderate symptoms. We do

not mean to represent all practitioners as being equally capable of dealing with presentations of severe or multi-faceted clinical issues.

2. Use of coaches who are not accredited and do not have substantial relevant training is not recommended. It is important that practitioners are aware of the limits of their knowledge and skills and able to refer people on when a presenting issue is more serious than they have the ability to support. We note that some members of the community advertise their services (for example as a "life coach") with minimal or no qualifications. We would be concerned about a "coach" being implicitly recommended through government policy to someone with a serious mental health issue if that practitioner was not able to adequately recognise the limits of their own abilities and refer the client on.
3. Therefore, we support the idea of expanding the range of practitioners who provide treatment but believe that at all times they should:
    a. Be registered with a relevant peak body
    b. Be required to have a relevant professional tertiary qualification
    c. Be bound by a code of ethics

Draft Recommendation 11.3 (page 63) More Specialist Mental Health Nurses

Employee Assistance Providers are uniquely placed to understand supply issues of appropriately qualified professionals around Australia as we have standard KPIs on providing timely support to clients no matter where they are in Australia. Generally capital cities are well served by mental health professionals (with the exception of Canberra) while finding appointments in rural and regional areas can be very challenging.

Appropriately qualified professionals are not being trained at a rate sufficient to meet the increased demand for mental health support across Australia, but this is felt much more acutely in some locations than others.

Therefore, we fully support any measures (such as Draft Recommendation 11.3) that will increase the overall number of mental health professionals but agree with Draft Recommendation 11.7 that in addition to merely training more people, thought should also be given to incentives to encourage the distribution of these professionals more widely around Australia.

Draft Recommendation 19.1 (page 90) Psychological Health and Safety in Workplace Health and Safety Laws

Currently there is some ambiguity about the responsibility of workplaces towards psychological health and safety. While Australian law makes it clear that organisations have a responsibility to prevent a culture of bullying and harassment, a broader responsibility for psychological safety is less clear. WHS laws have led to huge improvements in physical safety measures being taken, but some workplaces remain hazardous from a psychological perspective. Examples are:

- workers exposed to traumatic situations or information (for example, people involved in collecting evidence for court cases or who face the possibility of assault on a regular basis),
- workers who are required to be away from their families and social support networks for long periods of time (for example, fly in – fly out workers), and
- workers who have regular shift work and are unable to get the same quality of sleep that the general population gets.

Through our work, EAP providers see the harm that results from a psychologically unsafe workplace. We note that often this does not result in a WHS claim as there can be stigma attached to making a

mental health claim under WHS. It can also be difficult to make a strong case under WHS, particularly where bullying is not involved but where some fundamental aspect of the job such as its fly-in-fly-out nature or a shift work requirement is a contributing factor in the mental health condition.

We support this recommendation as a necessary step to make employers responsible for providing the safest possible workplace from a psychological health perspective and where necessary re-scope jobs and put safety measures in place to minimise harm.

Draft Recommendation 19.2 (page 90) Codes of Practice on Employer Duty of Care

Following on from Draft Recommendation 19.1 and the examples given there, we are aware of particularly psychological risks in different industries and organisations that would benefit from the development of codes of practice. Examples are:

- fly-in-fly-out and drive-in-drive-out workplaces and/or workers who will be physically distant from social networks for long periods of time (for example, scientists on long-term assignments, foreign correspondents, itinerant agricultural workers, long distance transportation workers)
- shift workers
- workers regularly exposed to traumatic situations or vicarious trauma (for example, social workers in child protection, court officials)
- workers in high risk environments where there is a constant risk of assault (for example, police and corrections officers)
- first responders and emergency services workers
- call centre workers who are required to regularly deal with abusive and angry callers

We support Draft Recommendation 19.2 and suggest that risk profiles be developed for jobs such as those outlined above, codes of practice drafted and disseminated to employers.

Draft Recommendation 19.3 (page 91) Lower Premiums and Workplace Initiatives

We support this recommendation as we have many years' worth of data showing the return on investment to employers, productivity gains, and lower mental health costs (including WHS claims) from effective workplace interventions. Employers who invest in successful interventions deserve to have this recognised in their WHS premiums.

We note that the quality and effectiveness of different programs varies considerably. Some employers implement workplace initiatives that, for example, provide access to a psychologist but only on referral from HR (rather than allowing employees to self-refer) which greatly reduces utilisation of the service and makes it extremely unlikely to be used for early intervention. Other workplace initiatives pay lip service to workplace wellbeing by theoretically providing services but in practice failing to publicise them to employees – thereby effectively negating their value. If employers had an incentive to "tick the box" to get lower premiums these practices might only get worse.

Therefore, while we fully endorse this recommendation, we would add that the features of a workplace initiative that should be present to qualify it for a lower worker's compensation scheme premium are:

- Employees are able to self-refer (they can choose to access the service) on a confidential basis.

- Follow-up is provided rather than a one-off only intervention. For example, a training program in identifying and supporting co-workers struggling with mental health issues can be an effective intervention. However, if such a training program is not repeated and followed up on a regular basis, its value is quickly lost. In the case of an intervention that consists of access one-on-one to a mental health professional, at least 3 – 6 sessions should be offered to allow for follow-up and embedding of the support provided.
- For workers whose work environment exposes them to considerable trauma or vicarious trauma, compulsory (but confidential) mental health checks should be provided on a semi-annual basis.
- Access to and promotion of the available programs should be comprehensive and enthusiastic. Our data shows that successfully promoted self-referred EAP programs should be able to achieve utilisation rates of at least 5% of staff, while best practice promotion of these program is capable of achieving 10% or more utilisation. We would suggest that a minimum utilisation rate for any program be required before that program can be used to determine eligibility for a premium reduction.

Draft Recommendation 19.5 (page 92) Disseminating Information on Workplace Interventions

EAPAA supports this recommendation. We advocate for evidence-based interventions and believe that the more data that is collected and disseminated, the better chance there is of effective workplace action to improve mental health.

Draft Finding 19.3 (page 92) Employer (sic) Assistance Programs (EAPs)

As peak body for the EAP industry, EAPAA is naturally keen to respond to the draft finding of the Productivity Commission around Employee Assistance Programs. We agree that the type and level of EAP services can be chosen by each business and may be different depending on the employee make-up of the organisation, the industry and psychological environment in which workers operate.

In response to the second part of this finding however, that the services provided by EAP programs would be enhanced through further evaluation of outcomes, we note the following:

1. There are hundreds of published peer-reviewed articles showing the efficacy of EAP programs. These have been undertaken globally in many countries over many decades. To quote Mark Attridge, a leading researcher in the field from his keynote presentation at the EAPA world conference in Pheonix, Arizona in 2013:

   "There are now over 1,500 papers of applied research on workplace mental health and 500 just on EAP concluding that workplace intervention is generally effective."

   It is hard to think of a workplace wellbeing initiative with a stronger evidence base behind it. We append a list of articles (including some literature review articles) to illustrate just some of the studies done. Therefore, we respectfully submit that the Commission's suggestion that the EAP industry invest in more research on outcomes is indicative of ignorance of the existing literature rather than illustrative of a genuine research gap.

2. Despite the wealth of literature around EAP effectiveness, EAPAA does in fact also commission research itself. A current project underway in conjunction with the University of South Australia (supervised by Professor Maureen Dollard) is aimed at measuring the efficacy of EAP programs along with measures of workplace safety culture to determine to what extent the psychological safety culture already in place within an organisation helps (or otherwise) the efficacy of EAP programs.

3. EAPAA has developed a list of standards which its members are required to comply with, which provide a base level of quality for the industry. (These are also appended to this response). These assure businesses and end-clients of confidentiality, efficacy, quality of consultants used, and quality of systems employed.
4. EAP providers who are members of EAPAA already have mechanisms to evaluate outcomes for businesses. There is a globally recognised measure (the WOS – Workplace Outcome Suite) which is free to EAP providers, well tested with peer reviewed results published and which many of our members make use of. Other providers have developed and tested their own outcome measures including direct measurement of absenteeism and presenteeism reduction through the use of EAP. Businesses can and should expect, as a normal business practice, that their EAP provider will measure the effectiveness of their EAP program and this is reflected in Standard 17 of the EAPAA standards.
5. EAPAA publishes a list of member providers and encourages businesses to choose an EAP provider who is bound by EAPAA standards. Currently all the major Australian and NZ EAP providers are members of EAPAA.

EAPAA believes that a robust peak body is essential to inspire confidence in businesses who use EAP services. We would encourage any government regulations or incentive programs (for example the measures outlined in Draft Recommendation 19.3) to require EAP providers to be members of EAPAA and bound by EAPAA standards in order to qualify as accredited workplace interventions.

Draft Recommendation 20.1 (page 94) National Stigma Reduction Strategy

We support a national stigma reduction strategy. However, we note that stigma reduction has been a major focus of spending and campaigns for many years. It has been tremendously successful. Our data shows that utilisation of mental health services in the workplace has strongly increased over the past 2 - 3 years as a result of the much greater acceptance of these services. Many EAP providers have been working with the same organisational customers for many years and have seen usage of services increase between 20% and 50% from the same employee base.

In our view stigma reduction is no longer the key issue facing most Australians in accessing mental health services. Rather the key issue now is one of availability of support and help in navigating the complex landscape to get a referral and make an appointment.

Appendix 1: Research on EAP effectiveness

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Appendix 2: EAPAA Service Standards

EAPAA SERVICE STANDARDS

PREFACE

As the Australian and Aotearoa New Zealand Employee Assistance Programme market is maturing, our Association, EAPAA, have listened to membership feedback and in response drafted a set of service standards applicable to the local Australasian marketplace.

These standards will enable all those connected to the EAP environment or seeking to build an understanding of the sector, to have a base understanding of the standards they can expect when dealing with this industry. This is applicable to organisations, purchasers, end users (clients) and EAP professionals. The intention is to provide a set of standards that allows for consistent high-quality service delivery, ensuring those that interact with Employee Assistance Programmes have a positive quality experience and are involved with a service that achieves outcomes for both clients and organisations.

The EAPAA Standards presented here have been put together by the EAPAA executive with reference to the work already done by the UK EAPA which we would like to acknowledge here and thank publicly. The UK EAPA standards have been recently updated and have a strong alignment with the Australian and New Zealand marketplace and hence have been tailored to meet the Australasian EAPAA membership needs.

We would like to extend our thanks in advance to all those who have assisted in the development of these Standards as EAPAA continue to be responsive to membership needs and continue to develop and update both guidelines and processes accordingly.

Feedback on the EAPAA Standards is welcome.

Purpose

To set out a number of standards applicable to the EAP industry in Australia and Aotearoa New Zealand. These standards will be developed from EAPAA membership input and serve to ensure consistent high-quality standard of EAP service to workplaces.

Scope

The EAP Standards are designed for EAP services in all types of organizations in Australia, Aotearoa New Zealand and in organisations servicing global companies. EAP services can constitute a wide brief and the Standards seek to be applicable to all types of EAP.

The Standards aim to complement, not replace, other standards and legal obligations.

The Standards are relevant to professional activities and do not extend to an employer's legal responsibilities that are already addressed. EAP professionals who deliver EAP services are also bound by standards set by their respective professional bodies in relation to their practice.

Providers of EAPs must be committed, in addition to ensuring high standards of service delivery, to help ensure that their EAP professionals act in accordance with their own professional standards. Consequently, the Standards for EAP services take into consideration and complement the professional standards set by the relevant professional bodies rather than seek to supersede or replace them.

Standards

Each standard can normally be met in more than one way. For each standard several minimum requirements are described.

Disclaimer

EAPAA will give consideration and review to all feedback received about an EAP provider.

However, EAPAA is not a regulatory body and where you are not satisfied with an EAP you should follow the provider's complaints procedure and/or seek legal advice.

EAPAA does not endorse or recommend any EAP and to the fullest extent permitted by law, EAPAA accepts no liability for any loss or damage (whether direct, indirect or consequential) incurred by any person howsoever caused arising from any person acting, omitting to act, failing to act or refraining from acting in accordance with these Standards.

Acknowledgement

EAPAA would like to thank the UK EAPA for permission to draw from their established standards of service and assist EAPAA to align themselves with best practice global standards.

1. IMPLEMENTATION

Standard

An EAP will provide an implementation plan to each EAP purchaser.

Minimum Requirements

The implementation plan will contain reference to:

- The actions and responsibilities of those involved and timescales required to put the EAP in place
- Arrangements for monitoring progress and taking corrective action.
- Arrangements to promote, publicise and launch the service.
- Arrangements for continued promotion of the service.
- Emphasis on confidentiality

2. EAP PROMOTION

Standard

An EAP will offer a promotional programme that encourages usage and includes promotional materials, management and employee briefings and an ongoing promotion plan.

Minimum Requirements

An EAP will offer to assist the organisation in promoting the service through a variety of methods, taking full account of the specific and diverse needs of those in the organisation.

The EAP will provide regular promotional materials.

All promotion activity will be continuous and will include all individuals covered by the service.

3. EAP REPORTS

Standard

An EAP will offer management information reports to the purchaser.

Minimum Requirements

An EAP will provide generic usage information to all purchasers.

The report must detail definitions and methods of calculations for standardised utilisation rate.

EAPAA provides a standard endorsed definition of this to be number of new employee referrals over a 12-month period divided by the number employees/lives covered by the program as a percentage.

Employee referrals are defined as those accessing services such as face to face support, telephone sessions, online services and Live chat. Employee referrals do not include those visiting a website to review information.

- The report must identify any potential duplication of data and usage information.
- The report must protect individual confidentiality and anonymity.
- The report must enable the purchaser to identify themes and trends in the usage
- of the EAP.

4. COMPLAINTS PROCEDURES

Standard

An EAP will have a published complaints procedure.

Minimum Requirements

An EAP will define what is to be regarded as a complaint – which may be considered to be different from 'negative feedback'.

A purchaser raising an issue as a complaint will have it identified as such and understand the complaints process as set out by the EAP

An EAP will identify a person to whom any complaint should be addressed.

There will be a clear statement of any requirements as to the manner of communicating complaints - namely whether oral, written or both.

The statement will identify by whom the complaint will be investigated, reviewed and responded and the time scale.

There will be a procedure for resolving disputes following investigations of complaints.

5. PARTNERSHIP CONSULTANCY

Standard

An EAP will offer a partnership approach to the purchaser.

An EAP will have clear and effective lines of communication, a sharing of vision, outcomes and action plans and will provide every opportunity for the EAP to influence strategic initiatives.

Minimum Requirements

The EAP should make clear its ability to provide strategic organizational consultancy as part of its role.

Using management information reports the EAP will be able to offer feedback to the purchaser regarding trends that would benefit from their action.

Having identified those themes and trends, the EAP will be proactive and supportive in suggesting appropriate remedial action.

6. RECORD KEEPING

Standard

An EAP will create and maintain records of services to both client and purchasing organisation that are consistent with the EAP service delivery system, purchasing and provider organisation policies, programme procedures and all applicable legal and professional requirements.

Minimum Requirements

Every individual client at the start of any EAP Service will be informed that a record will be kept of any contact with the service.

The EAP will record all services delivered to the purchaser.

The content of records will be consistent with the scope of the service and detailed enough to provide management reporting.

Affiliates shall be informed in writing that all records maintained in a format stipulated by the provider are the property of the provider.

Records shall be kept, transferred and destroyed securely.

Records should kept in line with other professional, legal and legislative requirements.

Access to records should be kept to a need to know basis.

Access to electronic records should have appropriate access controls including passwords security.

Individual clients have a right to review their own records on request.

7. CONFIDENTIALITY

Standard

An EAP will have a clear confidentiality statement and EAPAA members must adhere to all appropriate Australia and Aotearoa New Zealand Data Protection and Privacy legislation.

Minimum Requirements

Confidentiality is a central tenet of an EAP service and must be maintained. On occasion HR/Management may set up a referral process in which confidentiality is not upheld, on these occasions clients are to be made aware of the limits to confidentiality before proceeding with service delivery.

An EAP will explain confidentiality to purchasers and individual clients

An EAP will have a written statement that fully informs clients about their rights regarding the scope and limitations of confidentiality. This statement will be communicated and made available to every client before assistance is offered.

In the case of telephone or online counselling it is expected that the statement will be either read out to the client with verbal consent or the client be directed towards the statement that is available on a website or App.

Every employee of an EAP must personally contract to a confidentiality agreement.

An EAP will have clear guidelines and procedures as to when confidentiality will be breached, such as threat to life or others and child protection.

An EAP will have clear consent to disclose information about a client, for example as part of a management referral.

An EAP will protect client information from disclosure with appropriate levels of security. Access levels for different staff within an EAP shall be clearly defined.

All offices from which EAP services are provided shall be located and designed to ensure client privacy

8. SERVICE DELIVERY

Standard

An EAP will attempt to ensure their services are provided through a distinct business function that provides a clearly identifiable and systematic EAP delivery system.

An EAP will ensure procedures are in place to enable consistent and effective delivery of services. They will be continually reviewed and developed in response to EAP objectives, business needs and client and clinician feedback.

Minimum Requirements

An EAP will ensure it has sufficient resources to provide a professional and clinical service.

An EAP will employ at least one manager having a minimum of two years' experience of direct EAP provision.

An EAP will or employs at least one senior manager of the service who is a member of such an appropriate clinical body such as AHPRA, AAWS ACA, NZAC or NZAP, NCNZ, SWRB or CIMA.

A service delivery system will be chosen that best reflects an EAP needs. Factors to be considered include size and diversity of employee population, number and location of sites, budget and internal resources.

The EAP will have its own policies, written procedure and identified personnel, reporting relationships and responsibilities.

The procedures will describe all the important EAP processes, such as:

- The access routes to the EAP.
- Processes that ensure confidentiality.
- The processes for problem identification or assessment, referral and for short-term resolution.
- EAP participation in case monitoring, follow-up, treatment, case closure, reports and non-compliance.
- EAP participation in such related areas as manager referrals, procedures relating to stress, harassment, trauma, disability, mental health, substance misuse and discipline.

Each procedure will outline the scope of the work entailed.

9. PEOPLE

Standard

An EAP must provide an adequate number of professionals to achieve the stated goals and objectives of the EAP in conjunction with purchaser service level agreement.

Minimum Requirements

An EAP will ensure adequate staffing levels and skills are available for each client considering size, geographic location for delivery, diversity and scope of the contracted programme.

An EAP will evidence strategies for supporting staff and quality assurance, aligned with ISO-9001 standards.

An EAP will evidence staff have the knowledge, skills, qualification, training and experience necessary to perform their tasks.

An EAP will ensure all staff have access to continuing professional development.
An EAP will familiarise staff with policies and procedures including duty of confidentiality and data protection and their accountability for service delivery and quality.

An EAP will ensure all staff are familiar with and work consistently with the EAPAA Code of Ethics.

An EAP will ensure relevant staff are aware of their responsibilities to other professional codes of ethics as appropriate (for example, to AHPRA, APS, AAWS ACA, NZAC or NZAP, NCNZ, SWRB or CIMA) and the requirement to identify and resolve actual or perceived conflicts of interest.

An EAP will have in place systems to identify and address unacceptable practice, conduct or concerns around health.

An EAP will ensure staff have clearly defined roles and responsibilities and have policies and processes in place to raise concerns or grievances.

An EAP will be able to demonstrate a system for clinical governance including the maintenance of documented protocols.

An EAP will ensure all clinical staff and contractors undertake adequate clinical supervision.

An EAP provider to ensure all clinical staff and contractors are professionally indemnified.

An EAP to ensure clinical professionals are registered with and accredited by the relevant regulatory body or working toward accreditation and have a minimum of 3 years clinical experience.

10. CASE RISK MANAGEMENT

Standard

An EAP will have a clearly defined clinical risk protocol process for the management of risk cases that includes sufficient assessment, and appropriate escalation referral and consultation processes.

Minimum Requirements

An EAP will maintain and have current adequate professional liability cover.

The EAP establishes procedures and guidelines necessary to respond to all identified client risks including referral to appropriate emergency services.

The EAP complies with relevant government regulations.

EAP documents such as release of information forms, statements of understanding/contract for service and consent for treatment are standardised and consistently used.

11. INITIAL ASSESSMENT AND RESPONSE TIME

Standard

An EAP will provide professional initial intake and referral mechanisms to ensure robust processes for ensuring eligibility and suitability for EAP assistance and services being provided

An EAP will ensure that phone services will be available 24 hours a day, 7 days a week.

All clients will participate in an intake process where after a referral to relevant support services will be made as required.

Minimum Requirements

Organisations purchasing services will be made aware of the intake pathway and the level of service offered and its connections to other publicly funded services.

Appropriately qualified professional staff will be available to conduct an assessment of risk where one is required

Professionally qualified staff will undertake all required risk assessment and oversee referrals to emergency services.

Staff involved in assessment will follow clearly detailed procedures and protocols for the assessment and documenting of client needs and managing risks.

Assessment procedures and protocols will detail guidelines for crisis situations and escalation to a qualified clinician and or EAP manager.

Face to face appointments for non-urgent issues are to be offered within agreed guidelines of 3 to 5 working days. Appointments will be provided to suit the employee's requirements and preferences wherever it is possible to do so.

Urgent appointments are to be offered by phone or online on the same day as referral and/or referred to emergency /mental health crisis services. Crisis calls should be attended to as soon as it is possible and generally within 2 hours.

12. SHORT-TERM SOLUTION FOCUSSED

Standard

An EAP will establish guidelines and procedures to determine if and when to provide short-term (session limited) problem resolution/counselling services.

Short-term problem resolution/counselling will be explained to the employee client at intake and /or in the first session with the clinician.

Minimum Requirements

When entering into the initial EAP session the employee will be assessed as to whether short term EAP counselling is appropriate to meet their needs. If longer term support is required, then this referral should be made at the earliest possible time for the client.

Employee clients are made aware of the boundaries in which an EAP will work and the limits of confidentiality.

13. EAP REFERRAL

Standard

An EAP will refer clients to appropriate services for the assessed issue. An EAP will provide a client with information on publicly funded services that are available and community agencies providing services and provide options for their consideration.

An EAP will refer onward when the assessed issue is not appropriate to the EAP provision or to the purchaser.

Minimum Requirements

Referrals will only be made to registered staff /those with appropriate professional memberships and those who accredited professionals.

An EAP will have provide their clinicians with an overview of services the client organization is willing to fund for its personnel.

An EAP will have effective relationships with other organizations and know how to research and provide information on any additional requirements depending on the particular needs of a client.

Referral options will be discussed with the purchaser, with an explanation of the options, together with any costs.

The EAP will maintain appropriate professional boundaries in researching referral options, in making the referral and in follow up.

14. CRISIS INTERVENTION

Standard

An EAP provider will ensure that the purchaser has given careful thought as to how employees are supported in urgent, serious or emergency situations.

An EAP will be able to offer support in the event of crisis and trauma situations, including telephone support, onsite support and follow up. Where the EAP is not able to offer this support it should make an appropriate referral for support.

Minimum Requirements

An EAP provider will develop an appropriate procedure for managing and co-coordinating critical incident or emergency services, with the client organisation

The EAP will provide access or referral to 24 hour/365 days a year service that is able to respond appropriately to any crisis.

Standard minimum response times for critical incident support in a face to face environment will generally be up to 2 hours in metropolitan areas and in remote areas or where there are issues of access this may be up to 24 hours. Response times are activated from time of the initial call to the EAP provider.

Procedures for accessing help in an emergency will be made clear to employees.

An EAP will have access to a team of pre-selected critical incident response specialists or be able to refer to an appropriate support organisation.

The EAP will have clear procedures and guidelines for dealing with crisis situations.

15. CONSULTANCY SERVICES TO MANAGERS

Standard

An EAP provider will provide consultancy and support for line management within an organisation.

Minimum Requirements

Coaching and support for these key staff on how to intervene constructively, fairly, consistently and sensitively to help employees with situations requiring attention and appropriate help.

Day-to-day support to ensure key staff understand their own boundaries and what is appropriate support for the employee.

Advice and information on how to make a referral to the EAP.

16. MANAGER REFERRAL

Standard

An EAP will provide methods to accept referrals from the organisation and its representatives; this can include line management, human resources and workplace health and safety.

Minimum Requirements

A clear procedure is in place for referrals to take place.

The concept and the procedures around referrals are explained in the organisation's EAP materials so the process is transparent to all.

An EAP will provide adequately trained an accredited professional to monitor the initial assessment, action plan and subsequently the quality of assistance provided.

An EAP provider will obtain explicit consent that clearly details the level of feedback to be given to the referrer and brief all staff on this in any roll out/briefing to them.

17. EVALUATION

Standard

An EAP will implement internal procedures that are used routinely to audit and evaluate the effectiveness of both delivered EAP services and administration processes.

An EAP will be prepared to subject such procedures to external independent audit.

Minimum Requirements

Evaluation parameters will be clearly defined.

Procedures and responsibilities for and the frequency of evaluation activity will be clearly defined.